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CONFIRMATION NO. 6025

Bib Data Sheet

|                             |                                   |              |                        |  |
|-----------------------------|-----------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>09/828,031 | FILING DATE<br>04/06/2001<br>RULE | CLASS<br>382 | GROUP ART UNIT<br>2621 | ATTORNEY<br>DOCKET NO.<br>(Z) 00029 P US |
|-----------------------------|-----------------------------------|--------------|------------------------|--|

## APPLICANTS

Wolf-Rudiger DeLong, Erlangen, GERMANY;

## \*\* CONTINUING DATA

## \*\* FOREIGN APPLICATIONS

GERMANY 100 17 551.1 04/08/2000

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/01/2001

|                                 |   |                                |                        |                       |                            |
|---------------------------------|---|--------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>GERMANY | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>15 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>allowance |                                |                        |                       |                            |
| Verified and<br>Acknowledged    | Examiner's/Signature<br>Initials  |                                |                        |                       |                            |

## ADDRESS

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## TITLE

Process for cyclic, interactive image analysis, and also computer system and computer program for performing the process

|                               |   |   |
|-------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>840 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other<br><input type="checkbox"/> Credit |
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